

REGISTRATION FORM

28th Annual, 12-Step FALL MOUNTAIN RETREAT

September 23-25, 2016

Camp deBennville Pines, San Bernardino Mountains

This Year's Theme:

Life is a Stage...

GOT DRAMA?

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____
(____) _____

E-mail: _____

Amount enclosed: \$ _____

☐ Check box if you need e-mail confirmation that your payment was received.

Registration fee is non-refundable after August 23, 2016

Early, Early Registration	Deeply Discounted fee! ** \$150 **	Must be Postmarked by August 23, 2016
Early Registration	Discounted fee! * \$160 *	Must be Postmarked by Sept. 9, 2016
After Sept. 9	Regular fee \$170	DO NOT MAIL

DO NOT MAIL registration fee after Sep 9th – Call the FMR Info Line (562) 367- 4325 to reserve your space, then bring your check with you to camp.

For information about possible payment arrangements, contact Madeline M. at fmrchair@gmail.com as soon as possible.

Please make all checks payable to → **ACA – OC**

Mail with registration form to:

**FALL MOUNTAIN RETREAT
P.O. Box 12414
Westminster, CA 92685**

Cabin Preference: (check one)

☐ Male only cabin ☐ Female only cabin

☐ Co-ed cabin

☐ Couples room (Very limited availability.)

☐ Craig's Cabin (Includes separate check for \$125 in addition to regular registration fee. Very limited availability.)

Name of person(s) to room with: _____

If you need a bottom bunk or have any physical limitations, please contact Madeline (fmrchair@gmail.com) as soon as possible.

Meal Preference:

☐ Vegetarian meals requested

Rideshare: (check one)

☐ I need a ride

☐ I can give someone a ride

Where are you coming from? (i.e. city/zip, etc): _____

**How did you hear about
Fall Mountain Retreat?**

☐ ACA Meeting ☐ CoDA Meeting

☐ Other 12-Step Meeting

☐ ACA Website ☐ Received E-Mail

☐ ACA or CoDA Convention

☐ Spring Retreat (Camp Recovery)

☐ Other (please specify): _____